| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003    1   662 697 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                               |                              |                  |            |                |              |                        |         |                     | 37                     |
|---------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|------------------------------|------------------|------------|----------------|--------------|------------------------|---------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                        |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                               |                              |                  |            | MALL<br>YPE    | EN           | ΤΙΤΥ                   | QR      | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS                                                                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                               |                              |                  |            | RATI           | E            | FEE                    |         | RATE                | FEE                    |
| FOR                                                                                   |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMBER FILED                 |                               | NUMBER EXTRA                 |                  | ļ          | BASIC I        | FEE          | 385.00                 | OR      | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | minus 20=                    |                               | *                            |                  |            | XS 9=          |              |                        | OR      | XS18=               | ` .                    |
| INDEPENDENT CLAIMS                                                                    |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | minus 3 =                    |                               | *                            |                  |            | X43=           |              |                        | OR      | X86=                |                        |
| MULTIPLE DEPENDENT CLAIM PR                                                           |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESENT                       |                               |                              |                  |            | +145=          |              |                        | OR      | +290=               |                        |
| • If                                                                                  |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | less than zero, enter "0" in |                               |                              | olumn 2          | į          | TOTA           | \L           | ,<br>hr                | OR      | TOTAL               |                        |
| 2 7 CAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                               |                              | (Column 3)       |            | SMA            | LL E         | NTITY                  | OR      | OTHER<br>SMALL      |                        |
| AMENDMENT A                                                                           |                                                | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY          | PRESENT<br>EXTRA |            | RAT            | E            | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | .40.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Minus                        | * Y                           | U.                           | =                |            | XS 9           | =            | -                      | OR      | X\$18=              |                        |
|                                                                                       | Independent                                    | . 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Minus                        | ***                           | И                            | =                | <b>l</b> t | X43            | _            |                        | OR      | X86=                | $\lambda$              |
| ٩                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDEN        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | CLAIM                         |                              | <b>!</b>         | +145       |                | · .          | OR                     | +290= / |                     |                        |
|                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                               |                              | •                | į          | 10             | TAL          | -                      | OR      | TOTAL<br>ADDIT. FEE |                        |
|                                                                                       |                                                | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | (Colu                         | mn:2)                        | (Column 3)       |            | ADDIT. F       | -tt <b>I</b> |                        |         | ADDI!. FEE          |                        |
| AMENDMENT B                                                                           |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | HIGH<br>NUM<br>PREVI          |                              | PRESENT<br>EXTRA |            | RAT            | Ε            | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                        | **                            |                              | =                | ] ]        | XS S           | )=           |                        | OR      | XS18=               |                        |
|                                                                                       | Independent                                    | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                        | ***                           |                              | ]=               | ]          | X43            | =            | ·                      | OR      | X86=                | ·                      |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDEN        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                               | T CLAIM                      | <u></u>          | J          | -145           | 5=           |                        | OR      |                     |                        |
|                                                                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                               |                              |                  |            | TO<br>ADDIT.   | TAL          |                        | ОЯ      | ADDIT. FEE          |                        |
| (Column 1) (Column 2) (Column 3)                                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                               |                              |                  |            |                |              |                        | _       |                     |                        |
| AMENDMENT C                                                                           |                                                | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | NUM<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |            | RAT            | Έ            | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                        | 44                            |                              | =                | ] [        | XS S           | )=           |                        | OR      | X\$18=              |                        |
|                                                                                       | Independent                                    | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                        | ***                           |                              | ]=               | <u> </u>   | X43            | =            |                        | 1<br>OR | X86=                |                        |
| [                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                               |                              |                  |            |                |              |                        | 1       |                     | 1                      |
|                                                                                       | f the entry in eat.                            | mn 1 is less than t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | he eniou lo col:             | ma 2 wii                      | e TOT let ex                 | olumo 3          |            | +145           |              |                        | OR      | TOTAL               |                        |
| ••                                                                                    | If the "Highest Nu                             | mber Previously Particular in the Previously Particular Previously | aid For IN TH                | IS SPACE                      | is less th                   | an 20, enter *2( | 0.         | TO<br>ADDIT. I | FEE          | <u></u>                | JOR     | ADDIT. FE           |                        |